



Your business
is our business.

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Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

REDACTED – FOR PUBLIC INSPECTION

October 15, 2013

By Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Interstate Telecommunications Cooperative, Inc.
Study Area Code 391654**

Dear Ms. Dortch:

On behalf of Interstate Telecommunications Cooperative, Inc. "Interstate", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Interstate seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 073
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Todd Morris |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | todd.morris@itctel.com |

ACCEPTED/FILED

~~OCT 24 2013~~

Federal Communications Commission
Office of the Secretary

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|-----------------------------------|---|---|-------------------------------------|-------------------------------------|
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | <input checked="" type="checkbox"/> <-- check box if no outages to report | | | |
| <300> | Unfulfilled Service Requests (voice) | <input type="text" value="0"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> | Detail on Attempts (voice) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> | Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> | Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> | Fixed | <input type="text" value="0.0"/> | | |
| <420> | Mobile | | | |
| <430> | Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> | Fixed | | | |
| <450> | Mobile | | | |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> | 391654SD510 | (attached descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> | 391654SD610 | (attached descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> | | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | |
|--------|-----------------------------------|--|
| <2000> | (check to indicate certification) | |
| <2005> | (complete attached worksheet) | |

| | | | | |
|--------|-----------------------------------|-------------------------------------|--|--|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | | |
| <3005> | (complete attached worksheet) | <input checked="" type="checkbox"/> | | |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |

<910> Tribal Land(s) on which ETC Serves Sisseton Wahpeton Oyate

<920> Tribal Government Engagement Obligation

391654SD920

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

391654SD1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP <http://itc-web.com/services-and-products/phone/lifeline-and-link/>

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

| |
|--|
| |
| |

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

| |
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| |

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

| |
|--|
| |
|--|

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

| |
|--|
| |
| |
| |
| |

Name of Attached Document Listing Required Information

| | | |
|---|--|---|
| (3000) Rate Of Return Carrier Additional Documentation | | ROC Form 481 |
| Data Collection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 |

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

| | | | |
|--------|---|--|--|
| (3010) | Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | Name of Attached Document Listing Required Information | <input type="checkbox"/> |
| (3011) | | | |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) | Name of Attached Document Listing Required Information | <input checked="" type="checkbox"/> (Yes/No) |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | | <input checked="" type="checkbox"/> (Yes/No) |
| (3014) | If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | | <input checked="" type="checkbox"/> |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) | | <input checked="" type="checkbox"/> |
| (3016) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input checked="" type="checkbox"/> |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | Name of Attached Document Listing Required Information | 391654SD3017 |
| (3018) | If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> (Yes/No) |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications | | <input type="checkbox"/> |
| (3020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | <input type="checkbox"/> |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | <input type="checkbox"/> |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | <input type="checkbox"/> |
| (3024) | Underlying information subjected to an officer certification. | | <input type="checkbox"/> |
| (3025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | <input type="checkbox"/> |
| (3026) | Attach the worksheet listing required information | Name of Attached Document Listing Required Information | |

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|------------------------|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itotel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | INTERSTATE TELECOMM. |
| Signature of Authorized Officer: | CERTIFIED ONLINE |
| | Date 10/14/2013 |
| Printed name of Authorized Officer: | Warren Brandlee |
| Title or position of Authorized Officer: | President |
| Telephone number of Authorized Officer: | 605-874-2181 |
| Study Area Code of Reporting Carrier: | 391654 |
| | Filing Due Date for this form: 10/15/2013 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 451 OMB Control No. 3060-0986/OMB Control No. 3060-0810 July 2013 |
|---|--|

| | |
|---|------------------------|
| <010> Study Area Code | 391654 |
| <015> Study Area Name | INTERSTATE TELECOMM. |
| <020> Program Year | 2014 |
| <030> Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: _____ | |
| Name of Reporting Carrier: _____ | |
| Signature of Authorized Officer: _____ | Date: _____ |
| Printed name of Authorized Officer: _____ | |
| Title or position of Authorized Officer: _____ | |
| Telephone number of Authorized Officer: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: _____ | |
| Name of Authorized Agent or Employee of Agent: _____ | |
| Signature of Authorized Agent or Employee of Agent: _____ | Date: _____ |
| Printed name of Authorized Agent or Employee of Agent: _____ | |
| Title or position of Authorized Agent or Employee of Agent: _____ | |
| Telephone number of Authorized Agent or Employee of Agent: _____ | |
| Study Area Code of Reporting Carrier: _____ | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED - FOR PUBLIC INSPECTION

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|---|
| <010> | Study Area Code | 391654 |
| <015> | Study Area Name | INTERSTATE TELECOMM. |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Todd Morris |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 605-874-8343 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | todd.morris@itctel.com |
| <810> | Reporting Carrier | Interstate Telecommunications Cooperative, Inc. |
| <811> | Holding Company | NA |
| <812> | Operating Company | NA |

[illegible]

1. Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection Rules:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”² The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”⁴

Interstate Telecommunications Cooperative, Inc. (“Company”) hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under both federal and South Dakota state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the South Dakota Administrative Rule 20:10:27:07 which discloses rates, terms and conditions of service to customers; (2) adherence to state requirements that the Company satisfies and certifies annually that it complies with consumer protection and service quality standards pursuant

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

⁴ *Id.* at n. 72.

to South Dakota Administrative Rules (20:10:32:54.06), including South Dakota Administrative Rules regarding transmittal of bills (20:10:07:03), billing requirements (20:10:34:09), billing disputes (20:10:07:04), refunds for service interruptions (20:10:07:05) service quality standards for local exchange companies (20:10:33), and notification of adverse changes in rates, terms, or conditions (South Dakota Codified Law 49-31-2.8); (3) truth-in-billing requirements, and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

1. Ability to Function in Emergency Situations

Interstate Telecommunications Cooperative, Inc. [Company] hereby certifies that it is able to function in emergency situations as set forth in §54.202(a)(2)¹ and South Dakota Administrative Rule 20:10:32:54.07. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. The Company maintains a contingency plan to prevent or minimize service interruptions due to the catastrophic loss of a central office switch, toll switching office, or tandem switching office, pursuant to South Dakota Administrative Rule 20:10:33:18. The plan is available for review upon request.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. As required by South Dakota Administrative Rule 20:10:33:19, the Company's central office can maintain 8 hours, plus or minus 15 percent, of battery reserve rated for peak traffic load requirements, and a permanent auxiliary power unit is installed. The Company has

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

battery backup at all office locations and in its electronic equipment sites capable of running for a minimum of 8 hours, plus or minus 15 percent, in compliance with the State rules. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all Central Office locations. They will continue to run as long as the Company has access to propane, natural gas or diesel fuel. The Company tests the batteries at least once per year.

Interstate Telecommunications Cooperative

Description of Tribal Engagement

For Form 481 Line 920 thru Line 929

The Company (together with four other companies that provide services to the Sisseton Wahpeton Oyate ("SWO") Tribe requested a joint meeting with the SWO Tribe to exchange information and discuss issues related to the deployment and provisioning of communications services on Tribal lands. The initial request was made by letter sent via certified mail to the Tribal Chairman on November 2, 2012, with follow-up emails on November 9 and November 14, 2012. Company did not receive a response until after the first of the year of 2013.

In accordance with provisions in the FCC's USF and ICC Transformation Order, paragraphs 636 and 637, and 47 CFR 54.313(a)(9), at the meeting with the Tribal Authority, the Company will, with tribal input, develop a needs assessment to assist with future service deployments on Tribal lands. In particular, the Company and the Tribal Authority discussions relating to needs and service deployment will be focused on community anchor institutions. The feasibility and sustainability of communications services on tribal lands will be discussed and the Company will, with assistance from the Tribal Authority, attempt to identify additional steps that can be taken to make essential communications services deployed on Tribal lands both feasible and sustainable. The Company and Tribal Authority will also discuss and explore ways in which they can coordinate or partner to ensure that services are marketed on tribal lands in a manner that will relate to the community and resonate with consumers, with the aim of increasing service adoption. At such meeting, the Company will also be prepared to discuss the relevant rights-of-way and other permitting and review processes, as well as any challenges associated with these processes. And finally, the Company will come to any such meeting prepared to discuss and engage the Tribal Authority on any relevant and applicable Tribal business and licensing requirements.

SAC: 391654 – Interstate Telecommunications Cooperative, Inc.

Unlimited local calling - \$15.50

This rate applies to the entire SAC.

The following website has the information by exchange.

www.itc-web.com/services-and-products/phone/

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INTERSTATE TELECOMMUNICATIONS COOPERATIVE, INC. (SAC 391654)

ATTACHMENT - LINE 3012

ATTACHMENT REDACTED IN ENTIRETY